2 10 1	Paper No.:
DATE :	<u> </u>
TO SPE OF : ART UNIT	2/33
SUBJECT : Request for Certif	ficate of Correction on Patent No.: 7/03834
	spect to the accompanying request for a certificate of correction.
Please complete this form and	d return with file, within 7 days to:
•	tes of Correction Branch – South Tower – 9A22
If response is for an IFW, retu MADRAS.	urn to employee (named below) via PUBSCofC Team in
	quested, correcting Office and/or Applicant's errors, should the ificate of correction (COCIN)? No new matter should be introduced, claims be changed.
	Valerie Jackson
Thank You For Your Assistance	Certificates of Correction Branch
Thank fou for four Assistance	Tel. No. 703-308-9390 ext. 1
The request for issuing the	above identified correction(s) is bereby
Note your decision on the appropriate box.	above-identified correction(s) is hereby:
	above-identified correction(s) is hereby:  All changes apply.
Note your decision on the appropriate box.	All changes apply.
Note your decision on the appropriate box.  Approved	All changes apply.
Note your decision on the appropriate box.  Approved  Approved in Pa	All changes apply.  rt Specify below which changes do not apply.
Note your decision on the appropriate box.  Approved  Approved in Pa  Denied	All changes apply.  rt Specify below which changes do not apply.
Note your decision on the appropriate box.  Approved  Approved in Pa  Denied	All changes apply.  rt Specify below which changes do not apply.
Note your decision on the appropriate box.  Approved  Approved in Pa  Denied	All changes apply.  rt Specify below which changes do not apply.
Note your decision on the appropriate box.  Approved  Approved in Pa  Denied	All changes apply.  rt Specify below which changes do not apply.
Note your decision on the appropriate box.  Approved  Approved in Pa  Denied	All changes apply.  rt Specify below which changes do not apply.
Note your decision on the appropriate box.  Approved  Approved in Pa  Denied	All changes apply.  rt Specify below which changes do not apply.

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